

#### **§ 456.437**

(g) If the attending physician or qualified mental retardation professional does not present additional information or clarification of the need for the continued stay, the decision of the UR group is final;

(h) If the attending physician or qualified mental retardation professional presents additional information or clarification, the need for continued stay is reviewed by—

(1) The physician member(s) of the UR group, in cases involving a medical determination; or

(2) The UR group, in cases not involving a medical determination; and

(i) If the individuals performing the review under paragraph (h) of this section find that the recipient no longer needs ICF services, their decision is final.

#### **§ 456.437 Notification of adverse decision.**

The UR plan must provide that written notice of any adverse final decision on the need for continued stay under § 456.436 (g) through (i) is sent to—

- (a) The ICF administrator;
- (b) The attending physician;
- (c) The qualified mental retardation professional, if applicable;
- (d) The Medicaid agency;
- (e) The recipient; and
- (f) If possible, the next of kin or sponsor.

#### **§ 456.438 Time limits for notification of adverse decision.**

The UR plan must provide that the group gives notice under § 456.437 of an adverse decision not later than 2 days after the date of the final decision.

### **Subpart G—Inpatient Psychiatric Services for Individuals Under Age 21: Admission and Plan of Care Requirements**

#### **§ 456.480 Scope.**

This subpart concerns admission and plan of care requirements that apply to inpatient psychiatric services for individuals under age 21 in hospitals, mental hospitals, and intermediate care facilities.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

#### **42 CFR Ch. IV (10–1–06 Edition)**

#### **§ 456.481 Admission certification and plan of care.**

If a facility provides inpatient psychiatric services to a recipient under age 21—

(a) The admission certification by the review team required in § 441.152 satisfies the requirement for physician certification of need for care in §§ 456.60, 456.160, and 456.360; and

(b) The development and review of the plan of care required in § 441.154 satisfies the requirement for physician recertification of need for care in the sections cited in paragraph (a) and the requirement for establishment and periodic review of the plan of care in §§ 456.80, 456.180, and 456.380.

(c) The plan of care must be established by the team described in § 441.156.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

#### **§ 456.482 Medical, psychiatric, and social evaluations.**

If a facility provides inpatient psychiatric services to a recipient under age 21, the medical, psychiatric, and social evaluations required by §§ 456.170, and 456.370 must be made by the team described in § 441.153.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

### **Subpart H—Utilization Review Plans: FFP, Waivers, and Variances for Hospitals and Mental Hospitals**

#### **§ 456.500 Purpose.**

For hospitals and mental hospitals, this subpart—

(a) Prescribes conditions for the availability of FFP relating to UR plans;

(b) Prescribes conditions for granting a waiver of UR plan requirements; and

(c) Prescribes conditions for granting a variance in UR plan requirements for remote facilities.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]